STATE OF FLORIDA							CHECK APPROPRIATE BOX	
APPOINTMENT OF CAMPAIGN TREASURER						☐ O	riginal Appointment	
AND DESIGNATION OF CAMPAIGN DEPOSIT							eputy Treasurer	
AND DESIG		R CANDIDATES		1 00	,,,,	☐ R	eappointment of Treasurer	
				□ s	econdary Depository			
		(PLEASE TYPE)						
Name of Candidate			1.	. Address (			treet, city, state, zip code)	
Telephone (optional)	2. Party	(Partisan candidates	only)	)	3. Office (add d	district, circ	cuit or group number)	
( )								
I have appointed the following person to act as my				Campaign Treasurer			Deputy Treasurer	
4. Name of Treasurer or De	puty Trea	surer						
5. Mailing Address (If post of	dres:	(6. Tel		6. Telep	elephone			
_						1 45	- A-J.	
7. City	8. County			9. State		10	10. Zip Code	
I have designated the following named bank as my				Primary Depository		s	Secondary Depository	
11. Name of Bank				12. Street Address				
13. City 14. County				16. State			16. Zip Code	
17. Signature of Candidate				<u></u>		Da	ate	
	Cam	paign Treasurer'	's A	cceptan	ıce of Appoi	ntment		
						do herei	by accept the appointment as	
1,		(Please Print or Type)				, go nero.	by accept the separation and	
Campaign Treasu	ırer [	Deputy Treasurer	for	the camp	aign of			
who is seeking nomination		·			_ candidate to the office of			
Wite is seeming name.	<b>0.</b> 4.2			(Par	1y)			
		. As t	a dụly	/ registered	d voter in			
County, Florida, I am qualif								
UNDER PENALTIES OF P ACCEPTANCE OF APPOI	ERJURY	', I DECLARE THAT I H I AND THAT THE FAC'	iave TS Sī	READ TH FATED AR	E FOREGOING ( LE TRUE.	CAMPAIG	N TREASURER'S	
			X				A	
3	ate		_	Signatur	e of Campaign I	reasurer o	r Deputy Treasurer	